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Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Follow-up on the application of the technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity*

Report of the Office of the United Nations High Commissioner for Human Rights

Summary

The present follow-up report provides details of various initiatives related to the implementation of the technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity. Information was received from Member States, United Nations agencies, civil society actors and other relevant stakeholders. The emphasis of the report is on activities where there is explicit attention given to the technical guidance. The report also offers initial recommendations towards its usage in assuring compliance with human rights obligations in implementing the 2030 Agenda for Sustainable Development.

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I. Introduction

1. The technical guidance on the application of a human rights-based approach to the implementation of policies and programmes for the reduction of preventable maternal mortality and morbidity (A/HRC/21/22 and Corr.1 and 2), requested by the Human Rights Council in resolution 18/2, was presented to the Council in September 2012. Following a first report on implementation (A/HRC/27/20) in September 2014, the Council, in resolution 27/11, urged all States to take action at all levels, utilizing a comprehensive human rights-based approach, to address the interlinked root causes of maternal mortality and morbidity and to consider the recommendations contained in the report. It further requested the High Commissioner to prepare a follow-up report on how the technical guidance has been applied by States and other relevant actors. The present report is submitted in accordance with that request.

2. The present report provides details of various activities and initiatives related to the implementation of the technical guidance. A note verbale was circulated on 11 December 2015 requesting submissions[1] and further information was obtained from relevant stakeholders via interviews, reports and correspondence. The emphasis has been placed on activities where explicit attention is given to the implementation of the technical guidance. Further examples referring more broadly to a rights-based approach have also been used for illustrative purposes.

3. In 2014, technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age was presented to the Council, and its implementation was also urged by the Council. Some of the activities detailed in the present report also drew from that important document. A separate report on implementation of that technical guidance document is also before the Council at the thirty-third session (A/HRC/33/23).

4. The second part of the present report is devoted to how the guidance can be utilized in the implementation of the 2030 Agenda for Sustainable Development. Women's human rights, including their sexual and reproductive health and rights, are a key aspect of the 2030 Agenda. As countries develop strategies and plans to implement the 2030 Agenda, the technical guidance is a tool for assuring compliance with human rights obligations. The present report offers initial recommendations on such usage of the technical guidance.

II. Dissemination and promotion activities

5. Since June 2014, efforts to ensure wide dissemination of the technical guidance have continued. At the global level, numerous publications and other documents have referred to the technical guidance.[2] Its dissemination has also been achieved through presentations or

[1] For the full list of submissions, see www.ohchr.org/EN/Issues/Women/WRGS/Pages/FollowUpReport.aspx.

[2] See WHO, "Ensuring human rights in the provision of contraceptive information and services" (2014); UNFPA, "From commitment to action on sexual and reproductive health and rights" (2014); WHO, "Strengthening the inclusion of reproductive, maternal, newborn and child health in concept notes to the Global Fund" (2014); WHO, statement on the prevention and elimination of disrespect and abuse during facility-based childbirth (2014); Alicia Ely Yamin, *Power, Suffering, and the Struggle for Dignity: Human Rights Frameworks for Health and Why They Matter* (University of Pennsylvania Press, 2015).

other promotion activities at a variety of global conferences[3] and meetings at the national level, as indicated in the submissions from the Netherlands and the Information Group on Reproductive Choice (GIRE) in Mexico. The technical guidance has also been discussed and promoted by the Office of the United Nations High Commissioner for Human Rights (OHCHR) and human rights mechanisms as part of advocacy related to the 2030 Agenda.[4]

6. In September 2015, the Secretary-General issued his updated Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), which accompanies the 2030 Agenda in order "to end preventable deaths among all women, children and adolescents, to greatly improve their health and well-being and to bring about the transformative change needed to shape a more prosperous and sustainable future".[5] Explicitly rooted in human rights law and anchored in respect for gender equality, the Global Strategy draws from the principles explained through the technical guidance. Roll-out of the Global Strategy over the next 15 years, together with implementation of the 2030 Agenda, is one of the most significant opportunities for further implementation of the technical guidance, as explained in the latter half of the present report. The Global Strategy established the Independent Accountability Panel, which is mandated to monitor commitments under the Global Strategy and contribute to reviewing progress on the Sustainable Development Goals at the high-level political forum on sustainable development. The Panel will play an important role in ensuring the implementation of the Global Strategy and alignment of the Sustainable Development Goals with human rights obligations.

7. Efforts have also been made to translate the technical guidance into more accessible language and for specific stakeholder groups.[6] For example, OHCHR, together with the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the Partnership for Maternal, Newborn and Child Health (PMNCH) and the François-Xavier Bagnoud Center for Health and Human Rights of Harvard University, has developed practical guidance for health policymakers, national human rights institutions and health workers (with a further document forthcoming for the judiciary) on key considerations in applying a rights-based approach to sexual, reproductive, maternal, newborn and under-5 child health. Recognizing that everyone has a role to play in applying a rights-based approach and building on the technical guidance documents of the Council, the guidance aims to articulate in more detail the types of issues that should be considered, depending on where stakeholders are situated.

8. Important campaigns have also been launched, which support many of the principles outlined in the technical guidance, such as the global Respectful Maternal Care campaign, led by the White Ribbon Alliance, and the Campaign for the Decriminalization of Abortion in Africa, launched by the African Commission on Human and People's Rights.

9. Lastly, human rights treaty bodies have integrated the technical guidance as a tool of review and analysis. The Committee on Economic, Social and Cultural Rights adopted its general comment No. 22 (2016) on the right to sexual and reproductive health, which draws on the technical guidance, in particular in relation to ensuring the availability of medical and professional personnel and skilled providers trained to perform the full range of sexual

[3] For example, it was presented at the Women Deliver Conference (2016) and the Global Maternal Newborn Health Conference, Mexico (2015), and promoted at the World Humanitarian Summit, Istanbul (2016).

[4] See, e.g., joint statement on the 2030 Agenda. Available at www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=16490&LangID=E.

[5] Available from www.everywomaneverychild.org/global-strategy-2.

[6] See, e.g., submissions by Finland, the Center for Reproductive Rights, the International Initiative on Maternal Mortality and Human Rights and the International Pregnancy Advisory Services (IPAS).

and reproductive health-care services. The Committee has also taken up the technical guidance in its recommendations to State parties to the International Covenant on Economic, Social and Cultural Rights, including on the Gambia (E/C.12/GMB/CO/1, para. 27), Nepal (E/C.12/NPL/CO/3, para. 26), Paraguay (E/C.12/PRY/CO/4, para. 29) and Tajikistan (E/C.12/TJK/CO/2-3, para. 31).

10. The Committee on the Elimination of Discrimination against Women has incorporated the technical guidance into its concluding observations on the Bolivarian Republic of Venezuela (CEDAW/C/VEN/CO/7-8, para. 31). The Committee on the Rights of the Child has referred to it in its conclusions on Colombia (CRC/C/COL/CO/4-5, para. 40 (c)), the Dominican Republic (CRC/C/DOM/CO/3-5, para. 52 (b)), Eritrea (CRC/C/ERI/CO/4, para. 56 (g)), the United Republic of Tanzania (CRC/C/TZA/CO/3-5, para. 59 (f)) and the Bolivarian Republic of Venezuela (CRC/C/VEN/CO/3-5, para. 57 (c)).

III. Utilization of the technical guidance

A. National-level multi-stakeholder processes

11. Following the Council's call to apply the technical guidance, OHCHR has been working with partners in selected countries to facilitate multi-stakeholder processes on sexual, reproductive, maternal and child health. That work has built on a regional workshop held in Malawi in November 2013, where national stakeholders from Malawi, South Africa, Uganda and the United Republic of Tanzania came together to build a common understanding about rights-based approaches and identify opportunities to apply the technical guidance at the national level.

12. Human rights assessments have since been undertaken and multi-stakeholder dialogues convened to discuss the assessments in Uganda (in 2014), Malawi (in 2015) and the United Republic of Tanzania (in 2016). In Zambia, a multi-stakeholder dialogue was convened in 2015. Those dialogues have triggered practical actions to support the application of rights-based approaches. The three processes profiled below provide an overview of how such initiatives may start or deepen discussions on some of the major challenges at the national level.[7] Critically, the entry point provided by the utilization of the technical guidance built upon pre-existing initiatives related to health and human rights in all three countries.

13. A key outcome of these processes, as reported by relevant stakeholders in interviews, was a strengthened or newly built multi-stakeholder process on the application of a human rights-based approach to sexual, reproductive, maternal and child health. Crucially, actors outside the health sector were involved in planning and implementation in this area and health-sector actors developed enhanced understanding about human rights and their significance to health-related processes.

14. It was also emphasized that the processes had enhanced public and multisectoral participation in planning, strengthened accountability and pushed stakeholders to look beyond a purely biomedical approach in order to address inequalities and root causes of impediments to sexual, reproductive, maternal and child health.

15. In Malawi, the human rights assessment, led by the Ministry of Health, OHCHR, UNFPA, WHO, the United Nations Children's Fund (UNICEF) and the United Nations

[7] The United Republic of Tanzania is not profiled here because the dialogue only occurred in May 2016.

Entity for Gender Equality and the Empowerment of Women (UN-Women), converged with a separate national inquiry on sexual and reproductive health and rights initiated by the Malawi Human Rights Commission and supported by UNFPA. Because of the complementarity of the two reports, they were considered together at a multi-stakeholder dialogue in October 2015. Actors from various areas of the Malawian society attended the meeting, including government officials from several ministries, members of Parliament, district health officers, justice system personnel, United Nations agencies, service providers, civil society organizations and the media. During this dialogue, several evidence-based policy responses were identified and responsibilities assigned to key actors to take action, ultimately strengthening accountability at various levels.

16. As a result of this engagement, sexual and reproductive health and rights feature prominently in the Human Rights Action Plan of Malawi, as well as in the joint work plan of the United Nations and the Malawi Human Rights Commission. One of the main areas for action is efforts to bring the human rights discussion to the district level, where many of the barriers to effective enjoyment of rights were observed. UNFPA is also placing particular priority on ensuring contraceptive choice and the availability and accessibility of contraceptive goods and services. Another key area for action in Malawi concerns law reform, including ongoing efforts to reform the abortion law and advocate for a comprehensive law on sexual and reproductive health and rights.

17. In Uganda, the multi-stakeholder meeting held in November 2014 took place within the context of multiple initiatives to improve sexual and reproductive health and rights. Under the leadership of the Ministry of Health, a task force has been established on a human rights-based approach for planning and implementation, creating additional advocacy opportunities.

18. A variety of capacity-building initiatives have emanated from the technical guidance roll-out process in Uganda. OHCHR has prioritized building the capacity of civil society to monitor violations of sexual and reproductive health and rights, the provision of a human rights database customized for the documentation of cases to inform strategic litigation and policy advocacy, and capacity-building for health workers on rights-based approaches to health. Additionally, UNFPA, OHCHR and WHO formed a reference group to work with the Ugandan Human Rights Commission to build its institutional capacity to monitor and report on sexual and reproductive health and rights.

19. In recognition of the need to pay particular attention to individuals and communities who are often excluded in planning processes in this area, the Ministry of Health has agreed to ensure that maternal death reviews will be conducted not only at the health-facility level but also at the community level. As a result, there is now improved understanding that the unmet health needs and rights of those not coming to health facilities must be analysed in order to ensure effective redress. Illustratively, and in accordance with the technical guidance, the White Ribbon Alliance has prioritized monitoring access to services in various regions with community-based monitoring action teams. Moreover, awareness of the technical guidance raised through the multi-stakeholder process has also led to increased attention paid to access to sexual and reproductive health services for adolescents, with the Ministry of Health updating its adolescent health strategy and introducing data collection for 10-14 year olds.

20. Another key area of action by OHCHR and civil society organizations in Uganda following the multi-stakeholder process is engagement with the judiciary to enhance understanding of the justiciability of economic, social and cultural rights, including the right to health, which would strengthen the possibility of effective accountability for preventable maternal deaths.

21. In Zambia, in 2015, there was an effort to replicate the technical guidance processes carried out in other countries. In that regard, at the initiative of UNFPA, a preliminary meeting was convened with various stakeholders, including the Population Council, the National Human Rights Institution, the Women and Law in Southern Africa Research and Education Trust and OHCHR to discuss the current status of sexual and reproductive health and rights in Zambia and identify priority areas for the future. These entail: an independent human rights assessment; the facilitation of an orientation meeting with government officials; civil society organizations raising awareness about human rights-based approaches to sexual and reproductive health; the subsequent facilitation of a multi-stakeholder national dialogue to disseminate the preliminary findings of the assessment, receive feedback and secure consensus on policy and programme directions; and the development of a country report on a rights-based approach to sexual and reproductive health programming in Zambia.

22. Those three multi-stakeholder processes illustrate the critical importance of the engagement, initiative and leadership of a variety of partners, including the Government, civil society, health workers, parliamentarians, statisticians, the judiciary and the United Nations, capitalizing on the strategic advantage of differently situated stakeholders.

B. Legislative reform

23. Several stakeholders also report using the technical guidance or the human rights principles enshrined therein as an assessment or monitoring tool to examine and amend existing legislation. Submissions from States, such as Georgia, Greece, Madagascar, Mali and the Republic of Moldova, highlighted how their national laws are aligned with the technical guidance.

24. Civil society groups also reported using the technical guidance in their advocacy for law reform. For instance, in the United States of America, the Center for Reproductive Rights reports drawing upon the technical guidance to present a "menu" of options at the state level to work towards human rights compliance. The International Pregnancy Advisory Services (IPAS) indicates that the technical guidance has informed its work with the Government of Sierra Leone to address the high rate of maternal mortality, including from unsafe abortion, and to advocate for law reforms, such as a bill legalizing abortion currently awaiting approval.

C. Planning and budgeting

25. Several stakeholders report using the technical guidance or the human rights principles enshrined therein as an assessment or monitoring tool to examine, amend and adopt policies and programmes with particular attention given to vulnerable population groups, for instance in El Salvador, the European Union, Madagascar, Peru and Slovakia. In Chile and the Republic of Moldova the engagement of and collaboration and partnerships between multiple stakeholders was also emphasized. The submissions received from Colombia, Finland, Lithuania and the Netherlands explained that a human rights-based approach is explicitly incorporated into health policies. Some States, such as Qatar, have indicated the usefulness of the guidance, where others, such as Burundi, signalled its value in the elaboration of future policies.

26. The technical guidance has also been utilized in efforts to promote and implement human rights-based approaches to budgeting for maternal health. For instance, SAHAYOG and the National Alliance for Maternal Health and Human Rights in India, drawing considerably on the technical guidance, provided reports, expert briefings, data and policy

recommendations to the country's Parliamentary Standing Committee on Health and Family Welfare. Following their intervention, the Committee provided budget oversight on the departmental demand for grants 2015/16 of the Ministry of Health and Family Welfare, which subsequently took into account the human rights principles of equality and non-discrimination, and made a number of rights-based recommendations to the Ministry. As a consequence, the Ministry increased the special component of the budget earmarked for marginalized indigenous populations.

D. Ensuring implementation in practice

27. Important efforts have also been made to work with health-service providers in implementing rights-based approaches to sexual and reproductive health. For example, a coalition of organizations, including the Ministry of Health of Jalisco, the National Committee for the Promotion of Safe Motherhood, the Committee for the Promotion of Safe Motherhood in Jalisco, the Simone de Beauvoir Leadership Institute and OHCHR have used the technical guidance in Jalisco, Mexico, to address high maternal mortality rates. Through the project, training sessions have been organized for 60 social workers who subsequently produced 10 research protocols on sexual and reproductive service provision and human rights within their health facilities. These protocols, currently being implemented, enabled the social workers to break down stereotypes, be critical of institutional practices that violate women's human rights and strengthen monitoring and accountability.

28. In addition to the guidance mentioned above (para. 7), one of which is focused on health workers, UNFPA has partnered with WHO to develop a detailed implementation guide, in terminology commonly used by health-care providers and programme managers, on ensuring human rights within contraceptive service delivery.[8]

29. In South Africa, the Society of Midwives of South Africa is using the technical guidance in its efforts to build the capacity of midwives to apply a human rights-based approach and to promote the special role of midwives in sexual and reproductive health as distinct from general nurses, including their separate training, registration and management. The Society has developed the "Trainers handbook on applying human rights-based approaches to midwifery", which draws on and contextualizes the technical guidance, conducted workshops to empower its executive members and strategic educators to introduce this work in their respective training institutions and carried out advocacy for midwifery. Thus far, the handbook has been piloted with 30 midwives in courses facilitated by two of the trained educators. The workshops and training courses also helped sharpen advocacy efforts and collaboration with the National Department of Health and the Minister of Health to ensure explicit and independent recognition of midwives in the South African Nursing and Midwifery Act 2015.

E. Monitoring, review, oversight and remedies

30. The technical guidance was used extensively by multiple stakeholders in Brazil to monitor follow-up to communication No. 17/2008, *Da Silva Pimentel v. Brazil*, on which the Committee on the Elimination of Discrimination against Women had adopted its views on 25 July 2011, the first decision of an international human rights treaty body on a maternal death as a human rights violation.

[8] UNFPA and WHO, *Ensuring Human Rights within Contraceptive Service Delivery: Implementation Guide* (2015).

31. A number of the recommendations in this case focus on non-repetition of those human rights violations and suggest reforms to how the State administers maternal health care. Four years after the decision was issued, the Center for Reproductive Rights indicated that it had convened a follow-up commission to assess implementation of those recommendations. Inspired by the technical guidance, the commission was able to craft robust recommendations for further reform of the Brazilian maternal health system, which the Center is currently using in ongoing advocacy.

32. IPAS has noted that, with its national partners, it has used a human rights-based approach to monitor the progress of the Government of Brazil in taking effective measures to implement the Committee's decision. Using the technical guidance as a framework, IPAS has also worked with Brazilian civil society organizations to assess the quality of post-abortion care in five Brazilian states. Researchers used a human rights-based approach and based their interview questions on the technical guidance and presented the final report in October 2015 in a thematic hearing before the Inter-American Commission on Human Rights.

33. The Information Group on Reproductive Choice (GIRE) in Mexico highlighted that the technical guidance has been instrumental in its focus on social justice to build capacity of rights holders to demand a State response when their rights have been violated, making use of complaints to public human rights bodies, both at local and national levels, with the objective of achieving comprehensive reparations for violations. The organization has developed specific research and reports on women's reproductive rights in Mexico aimed at drawing attention to violations, making recommendations to different authorities and influencing policy decisions related to reproductive health and rights.

34. Stakeholders in Peru have also utilized the technical guidance to support participatory monitoring methods. For example, Foro de la Sociedad Civil en Salud (ForoSalud) has focused its efforts on building the capacity of indigenous women to ensure the quality of care at health facilities; direct citizen monitoring of health facilities; documentation and production of reports on the monitors' findings; the monthly analysis of those findings with the Regional Ombudsperson's Office, ForoSalud members and the Departmental Officer for Integral Health Insurance; and the creation of "dialogue spaces" for indigenous women leaders and health providers and authorities. Those efforts have led to improved understanding within the Ombudsperson's Office of health rights and increased accountability of public health facilities as a result of regular monitoring by indigenous women, who are now able to present their monitoring findings to the Ombuds officers.

35. As another example of monitoring human rights violations related to maternal health, Amnesty International published a report in 2014 that examined some of the barriers to antenatal care faced by women and girls in South Africa.[7] The report, which utilized the technical guidance as a tool for analysis, adopted a qualitative and inclusive research methodology and identified key barriers that cause delays to or avoidance of antenatal care. A significant result was the shift in perception among the community concerned from viewing maternal health care as an issue of poor service delivery to be endured to one of human rights to be challenged. It is reported that the authorities have visited some of the sites mentioned in the report to investigate its key findings.

[7] Amnesty International, "Struggle for maternal health: barriers to antenatal care in South Africa" (2014).

IV. Challenges in implementation

36. The numerous examples given above present an encouraging picture regarding the implementation of the technical guidance and human rights-based approaches more broadly. The guidance is being utilized by a wide diversity of stakeholders, often collaboratively, across various sectors and in a range of different contexts. The ownership at the country level by multiple stakeholders in certain contexts has, in particular, been a positive development.

37. Despite these positive experiences, there are many challenges that hinder further implementation of the guidance.

A. Sustained engagement

38. It has been four years since the technical guidance was presented to the Council. Specific results have been seen in terms of influencing the understanding of human rights in the context of maternal health and sexual and reproductive health more broadly. That has had an impact on the content of policies, strategies and work plans in certain countries.

39. Local- and national-level implementation of the guidance requires concerted and dedicated political and financial efforts to identify relevant barriers, devise solutions and build the capacity of a variety of actors. That sort of sustained engagement over long periods of time is often difficult to achieve. Furthermore, stakeholders observed that, while there is momentum behind certain multi-stakeholder processes, in several contexts civil society organizations are expected to lead the process, but they are often restricted by the resources available and the extent to which their collaborative efforts can influence State actors to implement human rights-based approaches.

B. Dissemination

40. Many stakeholders have expressed concern that there is little knowledge or ownership of the technical guidance among key decision-makers at the national level. Though dissemination has improved since 2012, lack of awareness of the guidance and the Council's call for its implementation remains a significant challenge.

41. Although the Council process related to maternal mortality and morbidity is a comparatively positive example of the Council's work being implemented at the national level, more effort is needed to link its important work, as well as that of regional human rights mechanisms, to national-level implementation efforts and vice versa. As the Council celebrates its tenth anniversary, it is an auspicious moment to consider modalities for reducing the gap between international-level and regional processes and national-level action.

C. Multi-stakeholder engagement

42. The present report places particular emphasis on the importance of multi-stakeholder processes. Those processes require a considerable investment in terms of time, as well as human and financial resources. In some contexts, when faced with the complexity of meaningful participation, different actors may opt for shortcuts, which are deemed to achieve the same result. In a human rights-based approach, the process of deliberation among a wide variety of stakeholders, including health providers, and reaching marginalized women and adolescent girls is critical for building an environment of empowerment where rights may be claimed.

43. The often entrenched nature of health-care systems in many States makes holistic, cross-sectoral change difficult. Such change is further complicated where lines of accountability are sometimes unclear. In those contexts, where actors at the federal, state, and local levels, as well as private sector actors, all influence laws and policies around maternal health and are involved in service delivery, better coordination and sharing of information, as well as more stakeholder involvement, is needed. While many stakeholders play a role in applying a rights-based approach, the ultimate responsibility for ensuring that human rights are upheld remains with the central Government, which should ensure a conducive environment for all duty-bearers to meet their obligations and rights-holders to claim their rights.

D. Advocacy and capacity-building

44. There remains a need to build awareness about maternal mortality and morbidity as an issue of fundamental human rights, not primarily as a biomedical problem. Contributions from certain stakeholders and discussions surrounding the implementation of the technical guidance reveal continuing resistance to recognizing that reducing preventable maternal mortality is a pressing human rights concern, just as important as traditional civil and political rights protections. More efforts are required to enhance understanding of the indivisibility of human rights.

45. There is also a need for further efforts to build capacity on the practical application of rights-based approach in different contexts and by different actors. The processes in which the technical guidance has been utilized have consistently pointed to the need for first building common understanding of what it means to apply a rights-based approach, which is fundamental for building partnerships for realizing rights.

V. 2030 Agenda for Sustainable Development

46. The 2030 Agenda, read together with the Secretary-General's renewed Global Strategy, presents a solid foundation for the realization of human rights, especially sexual and reproductive health and rights. Building on that foundation will require careful attention to be given to translation of those global agendas to national implementation efforts.

47. The Sustainable Development Goals have been heralded as a transformative agenda and human rights-based approaches are a path towards that transformation — from charity to empowerment, from needs to rights. The process of identifying rights-holders and their entitlements and duty-bearers and their obligations requires inclusive deliberative processes at the local, national and international levels that interrogate who is denied or unable to claim their rights and why, who has power and why and how priorities are set and for whose benefit. That shift demands critical questioning of complex power structures that entrench discrimination and inequality, followed by efforts to dismantle those systems and build more just and equal societies.

48. As countries launch into the implementation of the Sustainable Development Goals, the technical guidance is an invaluable instrument to guide efforts with a view to ensuring compliance with human rights obligations and delivering on the promise of a transformative agenda.

A. Sexual and reproductive health and rights

49. The technical guidance is grounded in recognition of sexual and reproductive health and rights, including the right to survive pregnancy and childbirth in good health. Recognizing that includes recognizing whether women live or die in childbirth is integrally related to the status of women and girls in society, their ability to make informed decisions about if, when and whether to engage in sexual intercourse, to marry or to have children, their access to quality health services and information, including comprehensive sexuality education, and their access to resources to be able to realize their human rights.

50. This broad understanding of sexual and reproductive health and rights is supported in the political agreements of the 1990s, such as the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action, but was restricted in the Millennium Development Goals to maternal health only. The 2030 Agenda represents an important improvement in recognizing a more holistic approach to women's human rights, including rights related to sexual and reproductive health, which must be retained in its implementation.

B. International human rights standards

51. Applying a rights-based approach in the implementation of the Sustainable Development Goals to reduce maternal mortality and morbidity, and realize women's human rights more broadly, requires attention to be paid to the international human rights standards that bind all States. While the Sustainable Development Goals, and their predecessors the Millennium Development Goals, offer important targets for collective action, the ultimate goal must be full realization of human rights. The declaration of the 2030 Agenda is explicit in this requirement, emphasizing that the Agenda is to be implemented in a manner that is consistent with the rights and obligations of States under international law.

52. One critical action is ensuring common understanding of the content of international human rights standards and corresponding State obligations. With respect to sexual and reproductive health and rights, because those rights span many areas, the standards are located in numerous treaties, as explained in the first report of the High Commissioner to this Council on preventable maternal mortality and morbidity (A/HRC/14/39). As mentioned above, the Committee on Economic, Social and Cultural Rights adopted general comment No. 22 (2016) on the right to sexual and reproductive health. That authoritative interpretation of article 12 of the Covenant, which should be read together with the work of other human rights mechanisms, specifies States' obligations in the domain, and should serve as a reference point for States as they implement the Sustainable Development Goals. In the general comment, the Committee specifies that the right to sexual and reproductive health entails a set of freedoms and entitlements. The freedoms include the right to make free and responsible decisions and choices, free of violence, coercion and discrimination, regarding matters concerning one's body and sexual and reproductive health. The entitlements include unhindered access to a whole range of health facilities, goods, services and information, which ensure all people full enjoyment of the right to sexual and reproductive health.

53. These human rights standards are relevant across contexts. Importantly, the Sustainable Development Goals departed from the approach under the Millennium Development Goals of only focusing on progress made by developing countries and articulated a universal agenda for all countries, which is a crucial opportunity to examine inequalities among various groups within countries, in accordance with the technical guidance.

C. Participation

54. Throughout the technical guidance, participation of all affected groups is particularly emphasized. Such participation must permeate all aspects of implementation of the Sustainable Development Goals, from devising policies and programmes to budget allocation, implementation, monitoring and review. Special efforts may be required to build environments that foster participation and active engagement of affected groups, particularly women and girls. That will include elimination of discriminatory laws and practices that silence or diminish women's voices or threaten their security, making processes accessible to women and girls in terms of taking account of their other responsibilities at work, home or school, as well as building their capacity to engage effectively, and ensuring that freedoms of expression, association and assembly are fully protected. Furthermore, participatory processes must result in programming that is responsive to those priorities expressed.

D. Focus on inequality and discrimination

55. A rights-based approach, as explained in the technical guidance, demands explicit focus on those groups that are most marginalized and excluded. Such priority attention to the elimination of discrimination is mirrored in the call in the 2030 Agenda to leave no one behind. One of the most consistent criticisms of the Millennium Development Goals was the fact that, in many cases, the focus on aggregate progress neglected the people who were in the most deprived situations. For example, while the overall rates of skilled attendance at birth were shown to increase from 59 per cent in 1990 to 71 per cent in 2014, women in the lowest quintile groups and living in rural areas are still much less likely to access such care.[7] Indeed, women belonging to particularly marginalized groups and experiencing multiple and intersecting forms of discrimination are often the most at risk of suffering poor health and human rights violations. Recognizing who is deprived of the enjoyment of their rights and building policies and programmes on the foundation of that recognition is a fundamental element of a rights-based approach and should be fully integrated in the implementation of the Sustainable Development Goals.

56. To ascertain who is experiencing discrimination and inequality, reliable, disaggregated data must be available and the 2030 Agenda has a strong focus on an expansive list of groups to be given special attention. In addition to data disaggregation, measures must be taken to ensure that all marginalized groups are accounted for, especially those experiencing multiple forms of discrimination, who may be invisible in official statistics used to measure progress. For example, data collected to ascertain "met need for contraception" only includes women who are married or in union, but not other women or adolescents who are sexually active. Data collection and analysis must be understood within the context of many societies where there is a resistance to challenging gender norms and women's and girls' sexuality is considered something to be controlled. Other groups who may be invisible in official statistics include young adolescents (10-14 years old), migrants in an irregular situation, persons with disabilities, indigenous peoples and persons whose status is criminalized.

[7] "Millennium Development Goals report 2015" (New York, 2015), pp. 39-40.

E. Indivisibility of human rights

57. Applying a rights-based approach is directed towards the realization of all human rights — civil, cultural, economic, political and social — recognizing that human rights are indivisible. The 2030 Agenda covers issues related to all human rights and should be seen as an indivisible agenda, which will require integration across different sectors and must resist approaches rigidly divided by sector.[7]

58. Reducing maternal mortality and morbidity in accordance with human rights obligations will require efforts on multiple targets of the Sustainable Development Goals. While target 3.1 is the most directly concerned with maternal mortality as a distinct issue, true progress in reducing maternal mortality requires action across the entirety of Goal 3 concerning healthy lives. Focused attention is needed to ensure a holistic and integrated approach to ensuring health systems that include universal health care, including sexual and reproductive health, comprehensive service provision, a functioning referral system and mechanisms for accountability. That approach will require actions to strengthen health systems and support health workers. Delivering on Goal 3 also requires dedicated efforts to eliminate discrimination in health care and uphold professional standards of conduct and ethics and respect for informed consent and patient privacy and confidentiality.

59. Furthermore, progress in reducing maternal mortality is integrally linked to women's and girls' status in society, which requires action across all of the other Sustainable Development Goals. For example, target 5.1 on the elimination of discrimination against women should include examination of laws that require women to obtain third party consent (of their husband, parent or multiple medical professionals) in order to access sexual and reproductive health services or information, as well as laws that criminalize adult consensual sex, and which criminalize sexual and reproductive health services only required by women, such as abortion or emergency contraception. Eliminating violence, including violence against women (targets 16.1 and 5.2), is fundamental to addressing patterns of maternal mortality and morbidity, as violence, including sexual violence, at home and in the community, including crisis situations, has a direct impact on women's and girls' ability or willingness to access health services. Eliminating child and forced marriage (target 5.3) is critical, as that is a major contributor to girls and adolescents becoming pregnant before they are physically or mentally mature enough and associated mortalities and morbidities. Other Sustainable Development Goals cover critical social and underlying determinants of health, such as decent work, access to housing and safe water and sanitation, which are fundamental to women's human rights, including sexual and reproductive health and rights, and as emphasized in the technical guidance.

60. Another example is Sustainable Development Goal 4 on education. Enabling girls to remain in school rather than arranging their marriage, and ensuring that their education includes comprehensive sexuality education to enable informed decision-making about their reproduction and sexuality, are indispensable interventions to support improved enjoyment of sexual and reproductive health and rights and reduced maternal mortality and morbidity.

61. The preceding section has highlighted the importance of paying attention to inequalities in applying a rights-based approach to maternal mortality, which is integrally linked to the targets set under Goal 10 of the Sustainable Development Goals on reducing

[7] OHCHR has developed a table that links all of the Sustainable Development Goals to the relevant human rights obligations, which demonstrates the need for such a holistic approach. Available from http://ohchr.org/Documents/Issues/MDGs/Post2015/SDG_HR_Table.pdf.

inequalities. Further efforts are needed to establish methodologies that effectively capture multiple and intersecting forms of discrimination and inequality.

62. Reducing preventable maternal mortality and morbidity from a human rights perspective also requires accountability when rights have been violated and access to an effective gender-sensitive remedy. Target 16.3 on rule of law and equal access to justice speaks to an important aspect of accountability, which is often neglected in interventions focused only on the health dimensions of maternal mortality.

F. Human rights indicators

63. The importance of identifying appropriate indicators has been mentioned throughout the present section. However, because the indicator framework will play a major role in determining how the targets and goals get interpreted, additional attention must be paid to this important issue. The submission made by the Statistical Commission (E/CN.3/2016/2/Rev.1) represents a commendable effort to embrace the ambitious vision of the 2030 Agenda, including with respect to human rights. Combined with the indicators that have been proposed under the Global Strategy,[42] there is a strong basis for measuring State effort and results in reducing maternal mortality and morbidity in accordance with human rights obligations.

64. However, even if adopted in their entirety, those globally identified indicators will not suffice to provide an understanding of whether women and girls are truly enjoying their human rights, especially their sexual and reproductive health rights. Assessing the enjoyment of human rights cannot be reduced to collection of data, no matter how robust the information gathered. Human rights monitoring and documentation methodologies, which include qualitative indicators and context-specific analysis, are critical complementary tools to indicator selection and measurement to enable a fuller understanding of whether States are meeting their human rights obligations. In that regard, it is crucial that analysis of progress on Sustainable Development Goals indicators is considered together with wider human rights reporting, for example, to United Nations treaty bodies and the universal periodic review or through national processes led by national human rights institutions.

65. The Sustainable Development Goals indicator framework should be anchored in human rights standards. The recently adopted general comment No. 22 of the Committee on Economic, Social and Cultural Rights provides an important foundation for understanding the breadth of the issues to be covered. In the annex to the present report, a table is presented laying out proposed indicators with cross-references to the core content of the right to sexual and reproductive health. Some additional indicators, which could be read into existing proposed Sustainable Development Goals and Global Strategy indicators, or could be integrated in national adaptation processes, could include:

(a) Existence of discriminatory laws that criminalize or place other barriers to an individual's access to sexual and reproductive health services, goods and information;

(b) Percentage of health-care facilities in a country that offer a minimum package of sexual and reproductive health services;

(c) Indicators to assess the availability and quality of basic and comprehensive emergency obstetric care;

[42] Every Woman Every Child, "Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health" (2016).

(d) Existence of a national plan on sexual and reproductive health;

(e) Specific budget system in place to track the proportion of public sector and total resources dedicated to sexual and reproductive health services;

(f) Medical terminations of pregnancy as a proportion of live births;

(g) Proportion of complaints received on the right to health that have been investigated and adjudicated by the national human rights institution, ombudsperson or other mechanisms and the proportion of those to which the Government has effectively responded.

66. Furthermore, the indicators selected should include a mix of structure, process and outcome indicators, as well as qualitative and quantitative indicators. That is important in order to account for the measures required to establish an enabling environment for the realization of rights, for example through examination of legal frameworks, budgetary allocations and key interventions for women's health, such as skilled attendance at birth. It is also key to assess whether rights are being realized in practice, for example, through reduced adolescent birth rates and the availability of a range of modern contraceptives, as well as to capture the actual experience of individuals, for example by documenting experience of discrimination, disrespect and abuse in health-care settings.

67. In prioritizing indicators, the technical guidance specifies that "quantitative indicators should be (a) continuously or frequently measurable in order that the actions taken by an administration may be measured in a timely manner; (b) objective, to permit comparison across time and countries and or subregions; (c) programmatically relevant, to enable priority setting and identification of accountability gaps; and, ideally, (d) subject to local audit to promote accountability to populations served" (A/HRC/21/22 and Corr.1 and 2, para. 71). Well-established indicators should be re-examined against those criteria. For example, maternal mortality rates do not meet the criteria because they are inadequate for assessing whether policies are working. Additionally, for the indicator of skilled attendance at birth to be meaningful and objective, there must be a common standard of what qualifies as "skilled", an area where there is important ongoing work.

68. Attention is also required to ensure that indicators do not incentivize action that would undermine enjoyment of human rights. For example, indicators pertaining to contraceptive usage should not obscure the fundamental importance of choice of modern methods and informed consent by women and girls.

69. In addition, where indicators are identified as important from a human rights perspective but methodologies for collecting such data remain underdeveloped, that must be taken as a signal to give greater attention to those potential methodologies rather than an insurmountable barrier. For example, the lack of comprehensive and emergency obstetric care remains a critical factor contributing to the death of women in pregnancy and childbirth, and provision of such care is considered a core obligation of States under human rights law. The United Nations has developed indicators to capture the availability of emergency obstetric care;[37] however, current systems of data collection have prevented meaningful use of those indicators for monitoring access. More effort must be directed to overcoming those obstacles in order to find suitable ways of understanding to what extent women and girls are able to access the care they require in order to survive pregnancy and childbirth in good health and with dignity.

[37] WHO, UNFPA, UNICEF and Averting Maternal Death and Disability, *Monitoring Emergency Obstetric Care: A Handbook* (2009).

70. The "data revolution" for sustainable development must fully embrace not only human rights-sensitive indicators, but also a human rights-based approach to the collection, production, analysis and dissemination of data. That requires attention to be given to the following human rights principles: participation of all population groups, in particular the marginalized, in the data collection process; the disaggregation of data to prevent discrimination based on grounds prohibited by international human rights law; self-identification, without reinforcing further discrimination of these groups; transparency to guarantee the right to information; respecting the privacy of respondents and the confidentiality of their personal data; and accountability in data collection and use.[14]

G. Accountability

71. The "circle of accountability" concept put forth in the technical guidance explains that accountability must be at the heart of a rights-based approach, not an afterthought once a violation has occurred. In the implementation of the Sustainable Development Goals, specific attention must be given to assessing existing accountability mechanisms for women's sexual and reproductive health and rights, building accountability into interventions and strategies, monitoring the functioning and effectiveness of those mechanisms and processes and taking remedial action to ensure that they are responsive to individual's rights. Establishing and maintaining such accountability mechanisms requires dedicated and sustained resources. Ensuring effective participation of rights-holders in all aspects of implementing the 2030 Agenda is fundamental to establishing an effective system of accountability.

72. The technical guidance further emphasizes the need for accountability through multiple forms of review and oversight, including administrative (e.g., internally within health facilities), social (e.g., community-based oversight), political (e.g., oversight of parliaments over the executive branch of government), legal (e.g., oversight by the judiciary or national human rights institutions) and international (e.g., reporting to international human rights mechanisms). Identifying responsibilities also requires looking beyond individuals to capture systemic failures and looking beyond domestic State authorities to the role of the private sector and donors.

73. As mentioned above, details for the "follow-up and review" framework of the Sustainable Development Goals are still under discussion at the time of writing the present report. A robust multi-stakeholder accountability framework is needed. At the global level, the high-level political forum on sustainable development will review progress through both country reviews and thematic reviews. Those reviews should systematically draw upon information and recommendations from the United Nations human rights mechanisms, ensuring that implementation of the 2030 Agenda is consistent with binding human rights obligations. Close coordination with the Independent Accountability Panel established under the Global Strategy will be critical for providing additional, more detailed information specifically on the health and rights of women, children and adolescents. Participatory, inclusive and transparent monitoring mechanisms are also needed at the national and regional levels to enable people to provide diverse perspectives on progress towards the targets of the Sustainable Development Goals, as well as compliance with human rights standards. It is equally important that the actions of private actors, including private hospitals, pharmaceutical companies and public and private-donor institutions, are

[14] OHCHR, "A human rights-based approach to data: leaving no one behind in the 2030 development agenda" (2016).

monitored for their contribution to achieving the Sustainable Development Goals in accordance with human rights obligations (see General Assembly resolution 70/1, para. 67).

VI. Recommendations

74. The High Commissioner notes with appreciation the many examples of how the technical guidance has been used by a wide variety of stakeholders to ensure rights-based approaches to maternal health. Given its significant value to national implementation of the 2030 Agenda, the High Commissioner recommends that the Council remain seized of this important issue.

75. The following recommendations are made to States and other stakeholders, as relevant, to:

(a) Build recognition, at the national and international levels, that preventable maternal mortality and morbidity is a fundamental human rights issue and, particularly in this context, enhance understanding among all stakeholders of the indivisibility of all human rights;

(b) Disseminate the technical guidance and associated tools as widely as possible, including to all ministries and public institutions at all levels relevant, and to rights-holders and other organizations working in related areas;

(c) Report on the implementation of the technical guidance through existing human rights mechanisms at the regional and international levels, as well as in the context of the monitoring and accountability framework of the Sustainable Development Goals;

(d) Strengthen awareness and build the capacities of various stakeholders, including policymakers, legislators, national human rights institutions, the judiciary, United Nations agencies and health workers, on the application of rights-based approaches to sexual and reproductive health, by organizing, inter alia, briefings, trainings, webinars or other meetings;

(e) Convene and support multi-stakeholder meetings, which involve health workers and marginalized women and girls, to discuss the application of a rights-based approach to sexual and reproductive health and identify opportunities within national-level processes and prioritize concrete areas and plans for action;

(f) Appoint a national body with responsibility for ensuring the implementation of rights-based approaches, including as outlined in the technical guidance, across all sectors and at all levels;

(g) Affirm the centrality of human rights and reinforce linkages between international and regional processes, including the 2030 Agenda and the Global Strategy for Women's, Children's and Adolescents' Health;

(h) Adopt human rights-sensitive indicators at the national level to monitor progress and impact, including in the context of the implementation of the 2030 Agenda, complement indicator analysis with human rights reporting and ensure a human rights-based approach to the collection, production, analysis and dissemination of data;

(i) Assess existing accountability mechanisms for women's sexual and reproductive health and rights in the implementation of the Sustainable Development Goals, building accountability into interventions and strategies, monitoring the functioning and effectiveness of those mechanisms and processes and taking remedial action to ensure they are responsive to human rights.

Annex

Indicators for assessing compliance with human rights obligations, especially related to sexual and reproductive health and rights

Core content of the right to sexual and reproductive health from the Committee on Economic, Social and Cultural Rights, general comment No. 22 (2016) on sexual and reproductive health[a]	*Relevant indicators in the Statistical Commission report (E/CN.3/2016/2/Rev.1)*[b]	*Additional indicators in the Global strategy, indicator and monitoring framework*	*Non-exhaustive list of additional indicators that could be incorporated into national level adaptation (with reference to where indicator has been proposed, where feasible)*[c]
To repeal or eliminate laws, policies and practices that criminalize, obstruct or undermine access by individuals or a particular group to sexual and reproductive health facilities, services, goods and information	5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex		- Existence of discriminatory laws which criminalize or place other barriers to an individual's access to sexual and reproductive health services, goods and information
To adopt and implement a national strategy and action plan, with adequate budget allocation, on sexual and reproductive health, which is devised, periodically reviewed and monitored through a participatory and transparent process, disaggregated by prohibited ground of discrimination	5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education 16.6.1 Primary government expenditures as a percentage of original approved budget, disaggregated by sector (or by budget codes or similar)	Current country health expenditure per capita (including specifically on reproductive, maternal, newborn, child and adolescent health) financed from domestic sources	- Existence of a costed national plan on sexual and reproductive health (OHCHR right to health indicators) - Specific budget tracking system in place on proportion of public sector and total resources dedicated to sexual and reproductive health services (adapted from OHCHR right to health indicators)
To guarantee universal and equitable access to affordable, acceptable and quality sexual and reproductive health services, goods and facilities, in particular for women and disadvantaged and marginalized groups	5.6.1 Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care 3.1.1 Maternal deaths per 100,000 live births 3.1.2 Proportion of births attended by skilled health personnel 3.3.1 Number of new HIV infections per 1,000 uninfected population (by age group, sex and key populations)	Proportion of women aged 15-49 who received four or more antenatal care visits Proportion of women who have postpartum contact with a health provider within two days of delivery Percentage of people living with HIV who are currently receiving antiretroviral therapy, by age and sex Proportion of women aged 20-49 who report they were screened for cervical cancer	- Indicators to assess the availability and quality of basic and comprehensive emergency obstetric care (WHO, UNFPA, UNICEF, Averting Maternal Death and Disability, emergency obstetric care indicators] - Percentage of health care facilities in a country that offer a minimum package of sexual and reproductive health services (WHO, Ending Preventable Maternal Mortality)

Core content of the right to sexual and reproductive health from the Committee on Economic, Social and Cultural Rights general comment No. 22 (2016) on sexual and reproductive health[a]	*Relevant indicators in the Statistical Commission report (E/CN.3/2016/2/Rev.1)*[b]	*Additional indicators in the Global Strategy indicator and monitoring framework*[c]	*Non-exhaustive list of additional indicators that could be incorporated into national-level adaptation (with reference to where indicator has been proposed, where feasible)*[d]
	3.7.1 Percentage of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14; aged 15-19) per 1,000 women in that age group 3.c.1 Health worker density and distribution 10.2.1 Proportion of people living below 50 per cent of median income, disaggregated by age group, sex and persons with disabilities 10.3.1 Percentage of the population reporting having personally felt discriminated against or harassed within the last 12 months on the basis of a ground of discrimination prohibited under international human rights law	Prevalence of anaemia in women aged 15-49, disaggregated by age and pregnancy status Out-of-pocket health expenditure as percentage of total health expenditure	
To enact and enforce the legal prohibition of harmful practices and gender-based violence, including female genital mutilation, child and forced marriage and domestic and sexual violence, including marital rape, while ensuring privacy, confidentiality and free, informed and responsible decision-making, without coercion, discrimination or fear of violence, in relation to the sexual and reproductive needs and behaviours of individuals	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the last 12 months, by form of violence and by age group 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the last 12 months, by age group and place of occurrence	Proportion of rape survivors who received HIV post-exposure prophylaxis within 72 hours of an incident occurring	- Legal recognition of marital rape

Core content of the right to sexual and reproductive health from the Committee on Economic, Social and Cultural Rights' general comment No. 22 (2016) on sexual and reproductive health[a]	*Relevant indicators in the Statistical Commission report (E/CN.3/2016/2/Rev.1)*[b]	*Additional indicators in the Global Strategy indicator and monitoring framework*	*Non-exhaustive list of additional indicators that could be incorporated into national level adaptation in order to reflect a richer, multi-dimensional picture of progress where feasible*[c]
	5.3.1 Percentage of women aged 20-24 who were married or in a union before age 15 and before age 18 5.3.2 Percentage of girls and women aged 15-49 who have undergone female genital mutilation cutting, by age group 16.2.3 Proportion of young women and men aged 18-29 who experienced sexual violence by age 18 16.6.2 Proportion of the population satisfied with their last experience of public services		
To take measures to prevent unsafe abortions and to provide post-abortion care and counselling for those in need			- Medical terminations of pregnancy as a proportion of live births (OHCHR right to health indicator)
To ensure all individuals and groups have access to comprehensive education and information on sexual and reproductive health that are non-discriminatory, non-biased, evidence-based, and that take into account the evolving capacities of children and adolescents		Proportion of men and women aged 15-24 with basic knowledge about sexual and reproductive health services and rights	- Percentage of schools that provided comprehensive sexuality education in the previous academic year (High Level Task Force for the International Conference on Population and Development indicators)
To provide medicines, equipment and technologies essential to sexual and reproductive health, including based on the WHO Model List of Essential Medicines	3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis		- Indicators related to the availability of essential medicines

Core content of the right to sexual and reproductive health from the Committee on Economic, Social and Cultural Rights general comment No. 22 (2016) on sexual and reproductive health	*Relevant indicators in the Statistical Commission report (E/CN.3/2016/2/Rev.1)*[a]	*Additional indicators in the Global Strategy indicator and monitoring framework*	*Non-exhaustive list of additional indicators that could be incorporated into national-level adaptation (with reference to where indicator has been proposed, where feasible)*[b]
To ensure access to effective and transparent remedies and redress, including administrative and judicial ones, for violations of the right to sexual and reproductive health	16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms	Governance index (voice, accountability, political stability and absence of violence, government effectiveness, regulatory quality, rule of law, control of corruption) Proportion of countries that have ratified human rights treaties related to women's, children's and adolescents' health	- Proportion of received complaints on the right to health investigated and adjudicated by the national human rights institution, ombudsperson, or other mechanisms and the proportion of these responded to effectively by the Government (OHCHR right to health indicators)

[a] Assessing compliance with human rights obligations would necessitate examining State action beyond the core content of the right to sexual and reproductive health. However, identifying indicators for the core content of the right provides an important baseline to be observed by all States.

[b] The report specifies that "Sustainable Development Goal indicators should be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics, in accordance with the Fundamental Principles of Official Statistics."

[c] The Framework includes the issue of disaggregation in its recommendations, specifying that "for many indicators the disaggregation by age, sex, socioeconomic status and other dimensions is critical to ensure that no one is left behind, including in humanitarian and other fragile settings. This will require special attention to data collection, analysis and communication for most indicators."

[d] OHCHR key messages on the 2030 Agenda explain that "data should be collected and disaggregated by all grounds of discrimination prohibited under international human rights law, which will require developing new partnerships, methods and data sources, including non-traditional data sources and data gatherers including civil society". Additionally, special efforts should be made to ensure information is collected on the situation of 10-14 year olds.